VIRGINIA MEDICAL ASSISTANCE PROGRAM

Abortion Certification

I, Doctor	, certify that on the
basis of my professional judgment the life of	of
basis of my professional judgment the life of	(Member Name)
(Address)	_ would be substantially endangered if the
fetus was carried to term.	
This judgment is based on the following diag-	nosis and/or conditions:
	Signature
_	Address
	Address
_	National Provider Identifier (NPI)

MAP-3006 Revision 06/14/2010